

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):       TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLANTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT/CLAIMAINT: _____	
<b>ORDER ON APPLICATION TO BE RELIEVED AS COUNSEL UPON COMPLETION OF LIMITED SCOPE REPRESENTATION</b>	
CASE NUMBER(S): _____	

1. The application of (*name of attorney*):  
to be relieved as counsel of record for (*name of client*):  
a party to this action or proceeding, was filed on (*specify date*):
  
2. ☐ **UNCONTESTED**
  - a. Fifteen calendar days have elapsed since the *Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* (form FL-955) and any attachments were served on the party.
  - b. The client was
    - (1) ☐ personally served with the papers.
    - (2) ☐ served by mail.
  - c. No *Objection to Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* (form FL-956) has been received from the client.
  - d. It appears from the application to be relieved as counsel and any attached documents that the attorney has completed the tasks that the client and attorney agreed that the attorney would perform as well as any acts ordered by the court.
  
3. ☐ **CONTESTED**
  - a. The party filed an *Objection to Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* (form FL-956) on (*date*):
  - b. The proceeding was heard on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_ in Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
by Judge (*name*): \_\_\_\_\_ ☐ Temporary Judge
  - c. The following persons were present at the hearing:
 

<input type="checkbox"/> Petitioner/plaintiff	<input type="checkbox"/> Attorney for petitioner/plaintiff
<input type="checkbox"/> Respondent/defendant	<input type="checkbox"/> Attorney for respondent/defendant
<input type="checkbox"/> Other parent/claimant	<input type="checkbox"/> Attorney for other parent/claimant
  - d. ☐ Attorney demonstrated that he or she has completed the service that the party and attorney agreed that the attorney would perform on the *Notice of Limited Scope Representation* (form FL-950) as well as any acts ordered by the court.

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMAINT:	CASE NUMBER(S):
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## ORDER

4. ☐ Attorney is relieved as attorney of record for client:
- a. ☐ effective immediately
  - b. ☐ effective upon the filing of the proof of service of this signed order upon the client
  - c. ☐ effective on *(specify date)*:
  - d. **NOTICE TO CLIENT/PARTY:** You now represent yourself in all aspects of your case. You may wish to seek other legal counsel regarding your case.  
  
 The court needs to know how to contact you. It is your responsibility to keep the court informed of your address. If the address below is wrong, you need to let the court and the other parties of the case know your correct mailing address as soon as possible. You can use form MC-040, *Notice of Change of Address and Telephone Number*, for this notification.  
  
 If you do not let the court and the other parties to the case know where to send you copies of papers, you may not get notices of hearings or orders in your case. Decisions may be made without your participation, and your case could be ended.
  - e. Current mailing address for client/party:
5. ☐ The application of counsel to be relieved upon completion of limited scope representation is denied for the following reasons:
6. ☐ The court further orders *(specify)*:

**NOTICE TO ATTORNEY WHO FILED APPLICATION FOR RELIEF:** You must serve copies of the order on the parties and opposing counsel. Proof of service must be filed with the court.

Date:



\_\_\_\_\_  
(JUDGE/JUDICIAL OFFICER)